

**COMPREHENSIVE DRUG COURT IMPLEMENTATION (CDCI)  
INSTRUCTIONS  
For Reimbursement and Reporting**

**GENERAL INFORMATION:**

- County's CDCI expenditures are reimbursed in arrears on a quarterly basis
- Use the chart below to verify quarters (Billing Period) and due dates for the CDCI Quarterly Claim for reimbursement (Form A) and CDCI Quarterly Narrative Report (Form B):

Quarter	Billing Period	CDCI Forms A & B Due
First	December 29 – March 31	April 30
Second	April 1 – June 30	July 31
Third	July 1 – September 30	October 31
Fourth	October 1 – December 28	January 31

- **Please note: Both forms must be submitted and approved in order to receive reimbursement.** Mail the forms to:

Department of Alcohol and Drug Programs  
Office of Drug Court Programs,  
CDCI Program Coordinator  
1700 K Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814-4022.

- These forms are also available on line at [www.adp.ca.gov/drugcourthelp.shtml](http://www.adp.ca.gov/drugcourthelp.shtml).

**CDCI Quarterly Claim for Reimbursement (Form A)**

- List all expenditures by quarter on this form:
  - In Section I, list expenditures for adult felons.
  - In Section II, list expenditures for Juvenile, Dependency, and/or Family drug courts.
- Reimbursements are not allowed for adult misdemeanor services.
- Submit separate invoices for each Grant Award.
- The electronic version of Form A is formula-driven for your convenience.

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***Current Claim/Amended Claim*** - If you need to amend or revise a previous report submitted invoice, submit the changes on new form(s) and check the box on the top left hand corner, "Check here if this is a revised claim."

***Grant Award Number*** – Noted on your Notice of Grant Award

***Grantee*** – Agency identified on the Notice of Grant Award. Please also include current address, telephone number, and e-mail address (if applicable).

***Project Budget Period*** – Noted on the Notice of Grant Award

***Billing Period*** – See the chart on page 1 for the monthly breakdown of each quarter

***Budget*** (column B) – Line items reflected in the approved Multi-Agency Plan or an approved revised budget modification request.

***Beginning Balance*** (column C) – Line items and totals in the latest approved budget, minus previously claimed expenditures.

***Budget Line Item Change*** (column D) – Use only if there are changes to your approved budget. Reference your Terms and Conditions for Budget Modifications. This column must sub-total. "zero".

***Current Expenses*** (columns E and F) – The total expenditures claimed during the billing period. If there are no expenditures to report, an invoice is still required for the quarter. Columns E and F would be completed with zeros.

- ***Treatment-Related Costs*** (column E) – Include all reimbursable treatment-related expenditures. Subtotal your treatment-related costs.
- ***Court-Related and Other Costs*** (column F) – Include all reimbursable court-related expenditures. Subtotal your Court-Related and Other Costs.

***Ending Balance*** (column G) – The total of the Beginning Balance (column C), plus or minus Line Item Changes in column D, minus the Current Expenses (columns E and F).

***Grand Total*** – Is the combined totals of each column for Sections I and II.

***Signature Block*** - The Alcohol and Drug Program Administrator is the only one authorized to sign the invoices, unless the Administrator submits a letter in writing authorizing a designee to sign the invoices. Use Blue Ink to help distinguish the original signature.

# COMPREHENSIVE DRUG COURT IMPLEMENTATION (CDCI) INSTRUCTIONS

## For Reimbursement and Reporting

### Quarterly Narrative Report (Form B)

Provide a narrative report quarterly as to the progress in meeting the Goals and Objectives committed to in the CDCI Multi-Agency Plan.

**Original or Revision/Amendment** – If you need to amend or revise a previous report, submit the changes on new form(s) and check the box on the top right-hand corner, “Check here if this is a revised or an amended Quarterly Narrative Report /\_/.”

**Grant Award Number** – Noted on your Notice of Grant Award

**Report Period** – See the chart on page 1 for the monthly breakdown of each quarter

**Contact Information** – Identify the name of the person to contact if further information or clarification is needed.

**Goals and Objectives for this Report Period** – For each Goal and Objective stated in the CDCI Multi-Agency Plan provide the following:

**Goals and Objectives Met** – Identify the accomplishments for those Goals and Objectives.

**Goals and Objectives Not Met** – Identify the reason for each Goal and Objective not met. Identify the lack of progress in meeting the Goals and Objectives.

**Obstacles, Problems, or Situations which Prevented Meeting Goals and Objectives** – Identify any obstacles, problems, or situations which prevented progress towards meeting Goals and /or Objectives.

**Plan for Solution or Corrections of Obstacles, Problems, or Situations** – Identify plans for a solution to/or correction of obstacles, problems, or situations in meeting Goals and Objectives.

**Goals and Objectives for the next Report Period** – Identify any goals and objectives to achieve during the next report period.

**Signature Block** – The Alcohol and Drug Program Administrator is the only one authorized to sign the Quarterly Narrative Report, unless the Administrator submits a letter in writing authorizing a designee to sign the Quarterly Narrative Report. Use Blue Ink to help distinguish the original signature.

# **COMPREHENSIVE DRUG COURT IMPLEMENTATION (CDCI) INSTRUCTIONS**

## **For Reimbursement and Reporting**

### **Allowable Costs**

Allowable costs are defined as those costs that are reasonably related to the drug court system(s) to be implemented and that can not be provided by other community agencies. These costs are divided into two sub-sets, *Treatment-Related* and *Court-Related and Other Costs*. *(It is recommended that Court-Related and Other Costs not exceed 15 percent of the total budget)* Allowable costs may include, but are not limited to, the following:

#### **Treatment-Related Costs**

Assessment

Acupuncture

Childcare

Client transportation

This may include public transportation or taxis, however, funds shall not be used to purchase or maintain a client's private vehicle.

Day-care habilitative substance abuse Treatment

Detoxification

Drug court coordinator

Drug testing

Job Placement

Non-residential treatment

Public prevention counseling

Residential treatment

Vocational counseling

#### **Court-Related and Other Costs**

Consultants

Data collection costs

Equipment (i.e., computer, modem, printer, etc.)

Facilities

Supplies

Training

Travel